Major Donor and	_		WAJOR DONOR	COMMITTEE STATEMENT		
Independent Expenditure Committe Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA FORM	461		
	Statement covers period	Date of election if applicable:		1/3		
Amendment	from07/01/2017	(Month, Day,Year)		For Official U	se Only	
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	.				
1. Name and Address Of Filer		3. Summary	1			
NAME OF FILER (Include name(s) of all affiliated entities whose contributio HealthPlus Shared Services	ns are included in this statement.)	(Amounts may be rounded to who 1. Expenditures and control (including loans) of \$10	ributions 00 or more		0500.00	
MAILING ADDRESS (NO. AND STREET)	made this period. (Part	,	\$ 	9500.00	
CITY	TATE ZIP CODE	Unitemized expenditure contributions (including \$100 made this period.)	loans) under	\$ —	0.00	
	CA 95814 REA CODE/DAYTIME PHONE	Total expenditures and made this period. (Add		SUBTOTAL \$ —	9500.00	
Art Sponseller		4. Total expenditures and				
2. Nature and Interests of Filer (Complet		made from prior statem amount from Line 5 of	•			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, A OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADD	ADDRESS, AND BUSINESS INTERESTS PRESS, AND NATURE OF THE BUSINESS	filed. If this is the first	statement for		47000.00	
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ —	17000.00	
		5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS	,	January 1 of the curren (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	26500.00	
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE TENGAGED	HE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification				
Health Care Services		I have used all reasonable reviewed the statement an	d to the best of my kr	nowledge the inform	nation	
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPI	ECIFIC DESCRIPTION OF ITS INTERESTS	contained herein is true and the laws of the State of Ca				
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY		Executed on	SI	BILET GNATURE OF INDIVIDUAL DC BLE OFFICER IF OTHER THAI		

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period from07/01/2017		CALIFORNIA FORM 461		
through	12/31/2017	2/3		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HealthPlus Shared Services

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
07/11/2017	San Jose Silicon Valley Chamber of Commerce San Jose CA 95113 ID: 820668 Reference No:	Pdixi caloAction Com Contribution Loan Non-Monetary Contribution Independent Expenditure	mittee (Chamber PAC)	San Jose Silicon Valley Chamber of NO: NO: □ Oppose	orf Com 5@00&0 00li	tical Aethor Committee (Cl \$ 11500.00 Other
07/18/2017	Friends of Kern Valley Hospital - Yes on Measure Lake Isabella CA 93240 ID: 1396722 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Yes on Measure C Kern County NO: ☐ Support ☐ Oppose	500.00	\$ Calendar Year \$ 500.00 Other
08/29/2017	Phil Ting for Assembly 2018 Oakland CA 94612 ID: 1393484 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Phil Ting State Assembly Person Assembly District NO: 19 X Support Oppose	2500.00	\$ 2500.00 Other
11/20/2017	Bonnie Gore for Supervisor 2018 Sacramento CA 95833 ID: 1397988 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Bonnie Gore County Supervisor Other County of Placer County of Placer NO: Support Oppose	250.00	\$ 250.00 Other

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161	
from	07/01/2017	FORM	461	
through .	12/31/2017	3/3		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HealthPlus Shared Services

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/04/2017	Becerra for Attorney General Sacramento CA 95814 ID: 1394091 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Xavier Becerra Attorney General Statewide NO: X Support	1000.00	\$ Calendar Year \$ 1000.00 Other
12/06/2017	Friends of Sierra College 2018 Rocklin CA 95677 ID: 1394981 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Friends of Sierra College Other County Committee Other Sierra County Sierra County NO: Support Oppose	250.00	\$ Calendar Year \$ 250.00 Other

SUBTOTAL \$ 9500.00